

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

Exhibit E

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

NOV 21 2016

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-16-165937

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	
GABRIEL MIRANDA JR				NOVEMBER 14, 2016	
3. SEX	4. DATE OF BIRTH (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)		
MALE	2002	13	RICHMOND, TX		
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH		9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
9551		<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
10a. RESIDENCE STREET ADDRESS			10b. APT. NO.	10c. CITY OR TOWN	
1202 LITTLE CREEK DRIVE			NA	HARLINGEN	
10d. COUNTY		10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?	
CAMERON		TEXAS	78550	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE		
GABRIEL MIRANDA SR			MARIA FUENTES		
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct NO)		16. FACILITY NAME (If not institution, give street address)	
HIDALGO		EDINBURG, 78539		DOCTOR'S HOSPITAL AT RENAISSANCE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
GABRIEL MIRANDA SR. - FATHER			1202 LITTLE CREEK DRIVE, HARLINGEN, TX 78550		
19. METHOD OF DISPOSITION			20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		21. <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)			ORLANDO ALBERTO ELIZONDO, BY ELECTRONIC SIGNATURE - 11051		Section R
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)			23. LOCATION (City/Town, and State)		Block
MONT META MEMORIAL PARK CEMETERY			SAN BENITO, TX		Lot 42
24. NAME OF FUNERAL FACILITY			25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)		
TRINITY AT HARRISON FUNERAL HOME			1002 E HARRISON, HARLINGEN, TX 78550		
26. CERTIFIER (Check only one)					
<input checked="" type="checkbox"/> Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated.					
<input type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER			28. DATE CERTIFIED (mm-dd-yyyy)	29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
CHARLIE ESPINOZA, BY ELECTRONIC SIGNATURE			NOVEMBER 16, 2016		11:45 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)				32. TITLE OF CERTIFIER	
CHARLIE ESPINOZA 212 NORTH 12 TH AVE, EDINBURG, TX 78541				JP	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.					Approximate interval Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. BLUNT FORCE HEAD TRAUMA					
Due to (or as a consequence of):					
b.					
Due to (or as a consequence of):					
c.					
Due to (or as a consequence of):					
d.					
PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1.					
34. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?		38. IF FEMALE:	
<input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. IF TRANSPORTATION INJURY, SPECIFY:					
<input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
40a. DATE OF INJURY (mm-dd-yyyy)		40b. TIME OF INJURY	40c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
NOVEMBER 14, 2016		11:00 AM		STREET	
40e. LOCATION (Street and Number, City, State, Zip Code)				40f. COUNTY OF INJURY	
1900 S. HWY 281-NORTHBOUND LANE, EDINBURG, TX 78541				HIDALGO	
41. DESCRIBE HOW INJURY OCCURRED					
DECEDENT OPENED EMERGENCY REAR DOOR OF SCHOOL BUS AND JUMPED WHILE BUS WAS IN MOTION					
42a. REGISTRAR FILE NO.		42b. DATE RECEIVED BY LOCAL REGISTRAR		42c. REGISTRAR	
030941		NOVEMBER 21, 2016		REGISTRAR - CITY OF EDINBURG, ELECTRONICALLY FILED	
EDR NUMBER 00001999502					

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WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 195.1989)

VS-112 REV 1/2006

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This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED NOV 21 2016

WARNING: THIS DOCUMENT HAS A DA Miranda PL 000440

VICTOR A. FARINELLI
ACTING STATE REGISTRAR

JLF

